

CITY OF LEXINGTON POLICE DEPARTMENT

300 East Washington Street

Post Office Box 922

Lexington, Virginia 24450

[540] 462-3729; fax [540] 463-5310

APPLICATION FOR EMPLOYMENT

POSITION: _____

Date of Application: _____

INSTRUCTIONS: Please print or type all information. This application for employment shall be considered active for a period not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. Proof of citizenship or immigration status will be required upon employment.

We are an Equal Opportunity Employer.

Last Name

First Name

Middle Initial

Phone Numbers

Address

City

State

Zip code

Best time and manner to contact you: _____

Are you currently employed? Yes/No

May we contact your present employer? Yes/No

Date available for employment: _____

Can you travel if a job requires it? Yes/No

Would you accept full-time work? Yes/No

Would you accept part-time work? Yes/No

What is your desired salary range? _____

Have you ever been employed with us before? Yes/No If yes, when? _____

EDUCATION (Give names and addresses of schools attended)

High School _____

Course of study: _____

Did you graduate: Yes/No

Degree or diploma _____

Dates attended/completed: _____

College _____

Course of study: _____

Did you graduate: Yes/No

Degree or diploma _____

Dates attended/completed: _____

Graduate School _____

Course of study: _____

Did you graduate: Yes/No

Degree or diploma _____

Dates attended/completed: _____

Vocational/Other School _____

Course of study: _____

Did you graduate: Yes/No

Degree or diploma _____

Dates attended/completed: _____

Continuing Education _____

EMPLOYMENT HISTORY

(List your present or most recent employer first; use additional paper if necessary)

Employer Name/Address _____

Supervisor's Name: _____

Phone: _____

Job Title/Occupation: _____

Dates of employment: From (Mo-Yr): _____

To (Mo-Yr): _____

Starting Salary: _____

Ending Salary: _____

Description of Duties: _____

Reason for Leaving: _____

Employer Name/Address _____

Supervisor's Name: _____

Phone: _____

Job Title/Occupation: _____

Dates of employment: From (Mo-Yr): _____

To (Mo-Yr): _____

Starting Salary: _____

Ending Salary: _____

Description of Duties: _____

Reason for Leaving: _____

Employer Name/Address _____

Supervisor's Name: _____

Phone: _____

Job Title/Occupation: _____

Dates of employment: From (Mo-Yr): _____

To (Mo-Yr): _____

Starting Salary: _____

Ending Salary: _____

Description of Duties: _____

Reason for Leaving: _____

Employer Name/Address _____

Supervisor's Name: _____

Phone: _____

Job Title/Occupation: _____

Dates of employment: From (Mo-Yr): _____

To (Mo-Yr): _____

Starting Salary: _____

Ending Salary: _____

Description of Duties: _____

Reason for Leaving: _____

OTHER

List computers, software products, office equipment, or heavy equipment you are familiar with, and indicate the degree of your familiarity with them. _____

State any additional information you feel may be helpful to us in considering your application (i.e., licensures or certifications; military service; specialized training; apprenticeships; skills; extra-curricular activities; professional, trade, business or civic activities; or offices held). Attach copies of documents or certificates that will support your application.

REFERENCES

- | | | |
|----|--------------------------------------|--|
| 1. | Name _____
Address _____
_____ | Phone _____
Relationship _____
_____ |
| 2. | Name _____
Address _____
_____ | Phone _____
Relationship _____
_____ |
| 3. | Name _____
Address _____
_____ | Phone _____
Relationship _____
_____ |

How did you learn about us? ☐ Advertisement ☐ Relative ☐ Inquiry ☐ Friend ☐ Employment Agency
☐ Other: _____

APPLICANT'S STATEMENTS

- I certify that answers given herein are true and complete.
- I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City of Lexington is of an "at-will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the City Manager of the City of Lexington.
- In the event of employment, I understand that exaggerated, false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the City of Lexington.

Applicant Signature

Date

FOR INTERNAL USE ONLY

Arrange Interview: ☐ Yes ☐ No

Remarks: _____

Entry Test Score: _____

Assessment Results: _____

Interviewer Signature

Date

Employed: ☐ Yes ☐ No

Job Title: _____

Date of Employment: _____

Step: _____

Grade: _____

Hourly Rate/Annual Salary: _____

By: _____

Name & Title

Date

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize full disclosure and review of all public, private, or confidential records, or any part thereof, concerning myself, by a duly authorized agent of the Lexington Police Department.

The intent of this authorization is to give my consent for full and complete disclosure of the records of

- educational institutions;
- financial or credit institutions;
- commercial or retail credit agencies (including credit reports and/or ratings);
- medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration;
- public utility companies;
- employment and pre-employment records, including background reports and polygraph examination reports, efficiency ratings, complaints or grievances filed by or against me, and salary records;
- real and personal property records, and other financial statements and records wherever filed;
- records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal and/or traffic records;
- and records of complaints of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Lexington Police Department. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney fees arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me. A photocopy of this release form will be valid as an original hereby, even though the said photocopy does not contain an original writing of my signature.

Given under my hand this _____ day of _____, 20____.

(SS#)

Applicant Signature

City of _____; State of _____; to-wit:

Subscribed and sworn to before me this _____ day of _____, 20____.

My Commission expires: _____

Notary Public